

TESTIMONY OF  
MARTHA B. KNISLEY  
DIRECTOR  
DEPARTMENT OF MENTAL  
HEALTH

ON  
“THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
ADDICTION PREVENTION AND  
RECOVERY ADMINISTRATION  
(APRA)”

BEFORE THE  
COMMITTEE ON HUMAN  
SERVICES  
CHAired BY COUNCILMEMBER  
SANDRA (SANDY) ALLEN

JOHN A. WILSON BUILDING  
1350 PENNSYLVANIA AVENUE, N.W., CHAMBER  
MONDAY, DECEMBER 8, 2003 AT 10 A.M.

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- Good morning, Chairperson Allen, members of the Committee on Human Services and members of the Council. I am Martha B. Knisley, Director of the D.C. Department of Mental Health. Thank you for the opportunity to speak about our relationship with the Addiction Prevention and Recovery Administration that was made formal on April 30, 2003.
- First, I would like to provide information that supports our commitment to work cooperatively to address the issue of substance abuse in the District and especially co-occurring disorders of substance abuse and mental illness.
- According to the Household Survey conducted by APRA in 2000, about 64,000 District residents are drug or alcohol-dependent; and 26,000 to 42,000 of these individuals have a co-occurring mental illness.
- Daily, there are about 8,500 individuals in shelters, transitional housing, and permanent supported housing and an additional 600 to 700 individuals living on the streets. Service providers estimate that between 50 percent to 90 percent of these individuals have co-occurring disorders.
- We estimate that each month approximately 55 percent to 65 percent of the persons admitted to St. Elizabeth Hospital have co-occurring disorders. Symptoms of substance abuse can complicate treatment of psychiatric illness. There is a higher incidence of staff and patient injuries and property damage due to aggressive behavior related to substance abuse.

- Those who struggle with both disorders are among the most entrenched and difficult-to-treat individuals in the District's social services system.
- Consumers with a dual diagnosis of substance abuse and mental illness in the District of Columbia are recognized as a population with poorer outcomes and over utilize all resources within both systems. Most often they do not fit in either of our systems and are poorly served resulting in over utilization of the criminal justice system, emergency rooms/health care system, homeless shelters and child protection system.
- We know that unless both disorders – substance abuse and mental illness – are treated in an integrated way the cycle will continue. According to best practice standards, both disorders should be considered primary, and integrated dual primary treatment is required.
- As one study points out, when both mental illness and substance abuse occur simultaneously, but only one is treated, both will worsen and additional complications will arise.
- Mental health and substance abuse professionals agree that integrated services provide the best hope for recovery from these disorders and the opportunity to have a fulfilling home, work and social life.
- We know that unless both disorders – substance abuse and mental illness – are treated in an integrated way, public safety and mental health agencies see an increased drain on their resources.
- The costs associated with providing services to an individual in either the mental health or the substance abuse system are high even when they are effective; the costs of providing ineffective services, which are continuously recycled, is unconscionable.

- For these reasons, on April 30, Mayor Williams, Department of Health Director Buford and I signed the historic Charter Agreement and Consensus Document pledging our agencies to work cooperatively on substance abuse and mental health issues.
- It is through this agreement that we will fulfill our responsibilities identified within the “First Citywide Comprehensive Substance Abuse Strategy for the District of Columbia.” The goals of the charter are embedded in the citywide strategic plan.
- Until this year, District residents plagued by these co-occurring disorders could not turn to their government for an integrated, comprehensive system of treatment simply because the Department of Health and the Department of Mental Health had no formal structure to knit together these services.
- The DMH/APRA agreement commits us to create a comprehensive, continuous integrated system of care model based on best practices in use in other cities. “Integrated services” is defined to mean simultaneous attention to both mental health and substance treatment needs in any service setting, appropriate to the mission of that setting and the population served.
- Based on the charter agreement and our action plan to provide comprehensive, accessible and integrated services to this population, both DMH and APRA have invested in and share equal responsibility to engage technical assistance to develop and implement a model for co-occurring disorders.
- We believe that this approach will result in a more comprehensive and integrated services delivery for our systems and that consumers across our systems will receive the services necessary for them to live productive lives.
- In keeping with the citywide comprehensive plan, our intent is to have a “no wrong door” approach whereby those entering the treatment continuum at any point will access appropriate and

effective services including the identification of a co-occurring disorder.

- We are participating in a system-wide effort to improve access for individuals with co-occurring disorders by adopting specific welcoming policies, materials and expected staff competencies.
- The action plan for the first year requires the departments to set goals for the system of care, how the system will be staffed and how it will be evaluated. The charter also calls for strong participation by consumers and their families in planning, training and evaluating the system.
- As a first step to developing the integrated system, mental health and substance abuse-related staff are engaged in ongoing train-the-trainer sessions to educate staff on the principles of co-occurring disorders, which will empower them to initiate and facilitate change within organizations as well as across the community provider network.
- APRA and its providers, members of the DMH Provider Network, including St. Elizabeths Hospital, and other District government agencies are being trained or have been trained. New providers are invited to be part of this training initiative as they come on line.
- As part of the certification to provide Mental Health Rehabilitation Services, these providers are required to address the needs of people with co-occurring disorders.
- DMH also is providing technical assistance to APRA as it develops its quality improvement program.
- Once trained, employees are expected go back to their respective agencies and provide ongoing training to the clinical support staff. Further, the Provider Network will begin to identify and improve specific improvements in screening and data gathering that will result in action planning and implementation of the co-occurring model throughout the

organization and consequently across the mental health and substance abuse systems.

- As part of the implementation process, both systems will have to monitor to assure that we are reaching the expected outcomes for every consumer across our systems. Each agency/system will periodically participate in a self-survey to evaluate the status of our dual diagnosis capability as well have a action plan in place that will measure changes at all levels including programs and clinicians.
- During the past several months, the Department of Mental Health and APRA have found real solutions by crossing operational boundaries and sharing authority and responsibility for outcomes. Already, our partnership is achieving results and the work with children is promising.
- The DMH School Mental Health Program is reaching children where they spend most of their waking hours. The SMH Program is working collaboratively with APRA within their youth prevention and treatment divisions to train all the SMH providers on the Quick GAIN (a screening instrument) and developing a seamless referral mechanism to APRA-funded substance abuse providers in the community.
- This will allow us to screen a large number of young people and take advantage of qualified substance abuse counselors available to assist youth and their families through the recovery process.
- Additionally, the SMH Program is addressing the issue of substance abuse among young people by offering a variety of supports in our public schools. First, we offer strength-based interventions that look to build skills and knowledge among young people. These are skills that can be used to help youth make better choices, reduce stress, and consider alternatives to violence or substance use.

- For example, we teach techniques and skills within group setting including groups on conflict resolution, anger management, stress management, social skills, self-esteem, and communication throughout our schools.
- Additionally, we provide prevention activities around substance abuse prevention, violence prevention, bullying prevention, and character education programs that help enhance the strengths displayed by young people. In several of our schools classes have been assigned to the school-based clinician on a weekly basis where life skills are taught to students.
- These classes include information and education around substance use, among other important life skills. In addition to the individual and family therapy sessions offered as part of our treatment service array, we will soon be able to have a systematic way of screening young people for substance abuse problems.
- This is the second winter for the jointly operated DMH/APRA/DHS Sobering Station where intoxicated individuals can sleep, eat, shower and be safe. More than 200 men and women came during the 2002-2003 hypothermia season.
- This hypothermia season, we opened our doors November 8, and hosted 198 people last month. Since last winter was historic for its severe weather, I want to believe the meteorologists who predict a milder winter.
- In addition to the co-occurring integrated systems initiative, DMH and APRA have an MOU for the Alpha Project. The Alpha Project is funded by APRA (about \$590,000) to have DMH staff provide assessment and treatment services. The Alpha staff had 1,700 contacts with people referred from the APRA system in FY 2003. Approximately, 165 individuals are receiving treatment through the Alpha Project.

- The DMH/Alpha employees are located in the Alpha Center and they travel to all of the APRA sites to provide screening and other services on a daily basis including assessments at the Detox Center and the Court for identified individuals with a co-occurring disorder. The Alpha Center staff makes referrals to the appropriate system for follow up and ongoing care.
- The DMH/Alpha staff also perform outreach activities and make home visits to provide Mental Health Rehabilitation Services to consumers including individual counseling, community support, day treatment and group counseling.
- The Alpha staff provides other special group services, e.g. women's issues and grief discussion groups, and will develop other group services as the needs are identified.
- APRA and DMH are in the process of reviewing the DMH/Alpha Project to determine how to better meet the needs of APRA and to ensure an integrated approach of care for consumers. We expect to implement the improved strategies in the next fiscal year.
- The two departments are working very well together towards providing services to both substance abusers and persons with mental illnesses. Not only will we continue to work together but will also work with the Department of Corrections and others to make co-occurring treatment the expectation rather than the exception within the District of Columbia.
- DMH also has a role in the community court, which is under development. Many of the issues revolve around individuals with co-occurring disorders. We are exploring the need for mental health screening/assessment and trying to determine their level of need. A subcommittee of the community court is conducting a needs assessment, as well as developing a universal screening tool to be used by the various agencies when they come in contact with a person entering the forensic system.



- We have a long-standing relationship with Oak Hill Youth Center, which is under the auspices of the Department of Human Services Youth Services Administration.
- Youth involved with the juvenile justice system have substantially higher rates of mental disorder than children in the general population, and they may have rates of disorder comparable to--or even exceeding--those among youth being treated in the mental health system.
- The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is considerably higher—as high as 60 percent.
- In addition, up to two-thirds of children with mental illness involved with the juvenile justice system have a co-occurring substance abuse disorder, making their diagnosis and treatment needs more complex.
- As partners within the CINGS (Children Inspired Now Gain Strength) program to develop the system of care for children, youth and their families, we are working collaboratively to improve service delivery to children and youth at Oak Hill.
- Thank you for this opportunity to describe our work with APRA and others to address the issues associated with treating people with co-occurring disorders. I will be happy to answer your questions.